

VAN DRIVER

The Mahoning County Veterans Service Commission is accepting applications for the “*part-time*” position

of **VAN DRIVER**. An application may be picked up at the VSC office **or** on website . . .

<http://www.mahoningcountyoh.gov/JobPostings/tabid/716/Default.aspx>

APPLICATION DEADLINE: MAY 28, 2010

SEND RESUME TO: MAHONING COUNTY VETERANS SERVICE COMMISSION (VD)

345 Oak Hill Avenue – Suite 100

YOUNGSTOWN, OH 44502-1400

OR E-MAIL blandgraver@mahoningcountyoh.gov

WAGE: Please send salary requirement with application (*negotiable*)

BASIC RESPONSIBILITIES: Transport veterans to the VA Medical Centers in Brecksville and Cleveland. van’s orderly appearance. Provide a safe environment for van riders. Other duties as assigned involving van transportation.

QUALIFICATIONS: Veteran (honorable discharge – active duty for other than training), High School diploma or equivalent, Valid Ohio Driver’s License (no points last 2 years)...willing to submit to drug testing, Driving/Criminal Record Check

WORK SCHEDULE: Available to work MONDAY – FRIDAY

50 hours per two week pay period...Schedule may vary according to Agency need

If yes, please explain: _____

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation (please refer to job description)? _____ Yes _____ No

If no, please explain: _____

Have you ever been convicted of a crime other than minor traffic violations?

Yes _____ No _____

If yes, list dates and types of offenses: _____

***NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT**

Are you 18 or older? _____ Yes _____ No

Are you authorized to work in the United States? _____ Yes _____ No

Do you have a valid driver's license? _____ Yes _____ No

EDUCATIONAL DATA

NAME AND ADDRESS OF SCHOOL OR COLLEGE	NUMBER OF YEARS COMPLETED	MAJOR SUBJECT OR DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Schools Attended				<input type="checkbox"/> Yes <input type="checkbox"/> No
Correspondence Schools				<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment, or training, and tell why you feel qualified for the position for which you are applying.

List any skills you have which are relevant to the position for which you are applying.

List any special licenses or certificates you have that are relevant to the position for which you are applying.

List any organization memberships and offices held. Exclude those that would indicate race, color, religion, sex, age, national origin, political affiliation, disability, and/or ancestry.

PERSONAL REFERENCES
(other than former employers and relatives)

NAME	ADDRESS AND TELEPHONE	OCCUPATION

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – **last position first** – including U.S. Military. Attach additional pages if need.

Current/Last Employer		Telephone
Address		Final Salary
Employment Dates From: To:	Position	Supervisor
Duties and Responsibilities		List Equipment, Machinery, and/or Software Used
Reason for Leaving		May we contact for reference? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

Employer		Telephone
Address		Final Salary
Employment Dates From: To:	Position	Supervisor
Duties and Responsibilities		List Equipment, Machinery, and/or Software Used
Reason for Leaving		May we contact for reference? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

Employer		Telephone
Address		Final Salary
Employment Dates From: To:	Position	Supervisor
Duties and Responsibilities		List Equipment, Machinery, and/or Software Used
Reason for Leaving		May we contact for reference? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

CERTIFICATION

I certify that all information contained in this application is true, complete, and correct to the best of my knowledge. I understand that any material omission, misrepresentation, or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references, and/or schools for information. I also give my consent to contact the State Motor Vehicle Department for a Moving Vehicle Violation Report, if such information is required to perform the duties of this position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

(Signature)

(Date)

FOR SHERIFF'S DEPARTMENT USE ONLY

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize the release of the following information to Wells Fargo Insurance Services of Ohio on behalf of _____ for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant/Employee Signature

Date

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-058, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

Signature of Requester

Date

TO: P & C Marketing Department
Wells Fargo Insurance Services Ohio
FAX (330) 726-8997

Name of Applicant: _____

Address: _____

Date of Birth: _____ SSN# _____ License# _____